

General Liability Insurance Application

Business Information

Business Name

Type of Business

Years in Business

Business Structure

EIN (Tax ID)

Business Website

Contact Information

Contact Name

Phone Number

Email Address

Business Address

City

State

ZIP Code

Coverage Details

Coverage Amount

Policy Start Date

Do you currently have liability coverage?

Operations & Risk

Number of Employees

Annual Revenue

Describe Business Operations

Describe Claims History

Additional Information

Additional Notes